

1465

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 61190750		FILING DATE 10/16/00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70	1			
21							71				
22							72				
23	1						73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91	1			
42	1						92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3				TOTAL IND.	5		3	
TOTAL DEP.	47		47				TOTAL DEP.	95		95	
TOTAL CLAIMS	50		50				TOTAL CLAIMS	100		100	

Glenn

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10		0				TOTAL IND.	19		1			
TOTAL DEP.	140		0				TOTAL DEP.	184		13			
TOTAL CLAIMS	150		0				TOTAL CLAIMS	203		14			

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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62	1		1			
13							63						
14	1		1				64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70	1		1			
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77	1		1			
28							78						
29							79						
30							80	1		1			
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39	1		1				89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	16		3				TOTAL IND.	20		7			
TOTAL DEP.	234		61				TOTAL DEP.	282		89			
TOTAL CLAIMS	250		64				TOTAL CLAIMS	282		96			

## INDEX OF CLAIMS

Claim		Date	Claim		Date	Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original	
	9			60			121			181	3/4/03		241	
	10			61			122			182			242	
	11			62			123			183			243	
	12			63			124			184			244	
	13			64			125			185			245	
	14			65			126			186			246	
	15			66			127			187			247	
	16			67			128			188			248	
	17			68			129			189			249	
	18			69			130			190			250	
	19			70			131			191			251	
	20			71			132			192			252	
	21			72			133			193			253	
	22			73			134			194			254	
	23			74			135			195			255	
	24			75			136			196			256	
	25			76			137			197			257	
	26			77			138			198			258	
	27			78			139			199			259	
	28			79			140			200			260	
	29			80			141			201			261	
	30			81			142			202			262	
	31			82			143			203			263	
	32			83			144			204			264	
	33			84			145			205			265	
	34			85			146			206			266	
	35			86			147			207			267	
	36			87			148			208			268	
	37			88			149			209			269	
	38			89			150			210			270	
	39			90			151			211			271	
	40			91			152			212			272	
	41			92			153			213			273	
	42			93			154			214			274	
	43			94			155			215			275	
	44			95			156			216			276	
	45			96			157			217			277	
	46			97			158			218			278	
	47			98			159			219			279	
	48			99			160			220			280	
	49			100			161			221			281	
	50			101			162			222			282	
	51			102			163			223			283	
	52			103			164			224			284	
	53			104			165			225			285	
	54			105			166			226			286	
	55			106			167			227			287	
	56			107			168			228			288	
	57			108			169			229			289	
	58			109			170			230			290	
	59			110			171			231			291	
	60			111			172			232			292	
				112			173			233			293	
				113			174			234			294	
				114			175			235			295	
				115			176			236			296	
				116			177			237			297	
				117			178			238			298	
				118			179			239			299	
				119			180			240			300	